



REQUEST FOR VIDEO AND AUDIO DUPLICATION

Name of Requestor: _____

Address: _____ City & State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Please identify the desired programs below.

Date of Program(s): _____

Name of Program(s): _____

Media Format (Please indicate number of copies):

_____ VHS

_____ SVHS

_____ DVD

_____ Audio tape/CD

_____ Subtotal (Number of copies X \$8 per VHS copy, \$10 per DVD copy, and \$5 per CD copy)

_____ Total amount due

Video copies are limited to the program as aired and produced by the City of Auburn. Audio tape/CD copies are as originally recorded. Some programming on Channel 21 is produced by outside agencies and requests for copies must be made through those agencies. Per City policy, copies will be available within 2 weeks of request and upon payment. Because video and audio copies are covered by government records request laws, the statement below must be acknowledged and signed. Unsigned requests will not be honored.

I understand that Washington State law limits certain uses, including but not limited to RCW 42.17.130, prohibiting using lists of persons to promote election of persons or for promotion or opposition of ballot measures and RCW 42.17.260 (9), prohibiting using lists of individuals for commercial purposes.

I hereby declare under penalty of perjury, under the laws of the State of Washington, that the requested records shall not be used in violation of State law.

Signature of Requestor: _____

Dated: _____ at (location): _____

City and State

Please return form to City Clerk, 25 W Main Street, Auburn, WA, 98001-4998 or FAX to (253) 804-3116